

## **Human Rabies Exposures - Roles and Responsibilities**

- A. Roles and Responsibilities of Central Office (includes Division of Zoonotic and Environmental Epidemiology, Division of Surveillance and Investigation, State Epidemiologist and Deputy State Epidemiologist).
  - 1. Develop and keep current the rabies website information for physicians.
  - 2. Provide up-to-date physician information through the Virginia Epidemiology Bulletin and/or to local health departments for their distribution to physicians.
  - 3. Maintain and follow a policy of notifying the appropriate district/local health department of any advice provided to the public, human and animal medical care providers, or animal control personnel on cases involving the health department.
  - 4. Provide a template for district/local health departments to give to persons who may be receiving postexposure prophylaxis (PEP) so they can understand the protocol and provide it to the treating physician.
- B. Roles and Responsibilities of local and district health departments.
  - 1. Reporting and Record Keeping
    - a. Create system for receipt of timely reports on exposures from medical care providers and animal control officials.
    - b. Report PEP to central office preferably using VENIS (HealthSpace). If some other database is used, such as Excel or Access, it should be sent electronically in the attached table format (Attachment 13). Data should be updated and sent in a timely manner.
    - c. Maintain a 24/7-district communications structure to receive exposure reports and laboratory results.
    - d. Record street address or nearest intersection for wild and domestic animals at large and, if possible, global positioning system (GPS) reading; work toward more use of GPS units.
  - 2. For Local Health Department / Animal Control
    - a. Ensure that exposing animal is managed appropriately, i.e. confinement and observation or euthanasia.
    - b. Ensure that animal control officers, especially if they have major role in responding to potential rabies exposures, are educated and provided

appropriate information and local health department contact information through regular training and/or mailings.

- c. Put report on exposure in proper format so it can be presented to animal owner or official (e.g., animal control officer) for documentation. Maintain confidentiality of bite victim. If animal control needs or collects that information, be sure they understand need for confidentiality.

### 3. For Medical Community

- a. On request, provide consultation to physicians.
- b. Keep medical community informed about local rabies cases and current management recommendations.

### 4. For Exposed Person

- a. Assure that exposed persons understand their risk – may include oral and/or written communication.
- b. Ensure that persons with bona fide exposures have access to PEP, including low income or indigent persons.
- c. Ideally, follow-up on exposed persons and with treating physicians until PEP is completed. Extent of follow-up may depend on level of exposure/risk, patient's understanding of risk, and health department resources.
- d. Assure that timely information or guidance is given to the exposed person once animal results are known, i.e., availability of animal, confinement outcome, or laboratory test results.
- e. When possible give information on PEP protocol directly to patient who can provide it to the treating physician.

### 5. General

- a. Ensure appropriate language and cultural communications are used.
- b. Ensure that there is someone on staff who is “rabies competent” and knows to call the central office for issues beyond his/her expertise.
- c. Maintain a policy of having staff notify the health director of high-risk exposures or ones that may result in publicity or could be controversial.